

Application for New Association



Name of Organization? _____

Elementary School Boundary in Chesterfield? _____

If not in Chesterfield County which County is your organization in? _____

Is your organization currently a co- sponsor with Chesterfield County Parks & Recreation? _____

Why do you think your organization will be a good fit for the CQL?

Please provide the following information for each member of your board.

President (required) Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Names of Other Officers (Contact info and email address)

Vice President: _____

Football Director: _____

Cheer Director: _____

Secretary: _____

Treasurer: _____

Other: _____

Other: _____

Do you agree to all Chesterfield Quarterback League by laws? _____

Email this completed form to: commissioner@cqlfootball.com AND deputycommissioner@cqlfootball.com

Approval is based on current voting representative votes.

New Association signature _____ Date _____

Commissioner signature _____ Date _____